

**COMMUNITY AND SENIOR SERVICES (CSS)
LOS ANGELES COUNTY AREA AGENCY ON AGING (AAA)
EFFECTIVE NUTRITIONAL HEALTH ASSESSMENT AND NETWORKS OF CARE FOR THE
ELDERLY (ENHANCE)
PROPOSED PROGRAM SERVICES (PPS)/BUDGET**

INSTRUCTIONS

Please use the following instructions to complete the attached electronic Proposed Program Services/Budget. The worksheet has been protected to preclude changes to key fields/cells except for designated areas which shall be completed by the Proposer. The form automatically performs all necessary calculations and validations. The Proposer shall complete the applicable sections of each Exhibit in order to accurately reflect the Services to be provided for one fiscal year. Please refrain from using formulas or decimals (unless allowed by the sheet). When working with calculations any additional information other than whole numbers will often create mathematical variances.

EXHIBIT C - PROPOSED PROGRAM SERVICES (PPS)

PAGE 1 of 1 – Cover Sheet: Please provide all requested information as indicated in the **blue font**.

1. **Enter the Full Legal Name of the Organization:** Enter the full legal name of the organization onto the line and do not abbreviate. The name listed must match the name on the Articles of Incorporation, Business License, Charter, or By-Laws.
2. **Main Administrative Office Address:** Enter the address of the authorized signatory on this line. If the main administrative office and the mailing address are the same, please delete the default (Blue Font) language on the mailing address line.
3. **City/State/Zip Code/Fax Number:** Please enter all the information listed corresponding to the particular site. Note: For the FAX number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
4. **Mailing Address:** Only enter an address if the Main Administrative Address and mailing address are different. All correspondence, contract, program and compliance related information will be sent to both addresses and addressed to the administrator listed on the Authorized Signatory and the Primary/Secondary Contact lines.
5. **Prefix:** Enter the appropriate prefix.
6. **Official Authorized to Sign for the Agency:** Enter the administrator authorized through board resolution to sign for the agency. A board resolution will be required prior to contract execution.
7. **Job Title:** Enter the title of the authorized signatory. Please abbreviate the job title if the title does not fit in the cell.

8. **Phone Number/Ext.:** Enter the phone number and extension of the contact. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
9. **E-Address:** Enter the email address of the contact.
10. **Primary/Secondary Contact for Program:** CSS will only contact the secondary contact in cases where the authorized signatory is not available.
11. **Service Unit Summary:**
 - a. Provide the requested information according to the Supervisorial District you propose to serve clients.
 - b. **Unit Cost:** Indicate the unit cost for each type of Service that you intend to provide.
 - c. **NOTE:** The unit cost is the unit rate your agency will be reimbursed for by this contract. Please review the current Statement of Work, Summary of Service Units to see the maximum unit cost reimbursable by the County. If you do not provide a unit cost, the total costs per Supervisorial District and the Total Cost will not calculate.
 - d. **Units:** Indicate the total number of service units you propose to serve for the fiscal year.
 - e. **Cost:** The cost of the Services will be automatically calculated based on the data entered in items 11(b) and 11(d) listed above.

EXHIBIT D - BUDGET

PAGE 1 – Budget Summary: Provide information for Program costs (i.e., expenditures for operating the program) and funding for each Supervisorial District in which you intend to provide services as follows:

1. **Cost Categories:** Enter the costs for each applicable line item. The amounts entered should be categorized as either Cash (e.g., monetary exchange) or In-Kind (e.g., cash equivalent or goods and services rather than cash) contributions. The costs associated with each line item must be supported in the corresponding detail/schedule sheets.
2. **NOTE:** The total from Total Program Costs (Line 8) and Total Funding (Line 14) must be equal to avoid a variance. Please avoid using formulas in the sheet or using decimal points. If you do use formulas a variance may appear. In order to avoid the variance use whole numbers and avoid using cents or percentages.
3. **Total Indirect Costs:** Please enter the total amount of Indirect Costs for the agency here. Please note Proposers can only charge 8% of the total Grant Costs to the program. Anything above the 8% administrative cap can be used as a Match.

4. **NOTE:** All Indirect Costs displayed on the Budget Summary must be supported by an approved indirect cost rate (federal cognizant agency or CSS) and the Cost Allocation Plan. For more information regarding the Cost Allocation Plan please refer to the Standard Terms and Conditions in the Contract and the relevant Office of Management and Budget (OMB) Circular.
5. **Funding Categories (Items 9 – 12):** Enter the amount of funding necessary to operate the Program. The funding categories (i.e., the sources of revenue) include: Grant Costs (funds allocated and reimbursed by the AAA), Grant Related Income, Match (in the form of Cash or In-Kind contributions) and Non-Match (in the form of Cash or In-Kind contributions).
6. **NOTE:** When aggregating the costs listed below you must manually add each cost listed under the applicable column (Grant Costs, Match, Non-Match, and Grant Related Income) on every Budget sheet. For example, in order to determine the total Grants Costs on the Budget Summary page you will need to add the totals under the applicable funding category column from each detail/schedule (Personnel, Consultants, Space, Equipment, Other Costs, and Indirect Costs).
 - a. Grant Costs: Aggregate the costs as specified in the Personnel, Consultants, Space, Equipment, Other Costs, Indirect Costs and Program specific detail/schedules.
 - b. Match: Aggregate the costs (Cash/In-Kind) as specified in the Personnel, Consultants, Space, Equipment, Other Costs, Indirect Costs, and Program specific detail/schedules.
 - c. **NOTE:** Proposer shall provide a minimum matching contribution as specified in the Statement of Work. This amount represents the Proposer's share that it will contribute toward the cost of operating the Program.
 - d. Non-Match: Aggregate the costs (Cash/In-Kind) as specified in the Personnel, Consultants, Space, Equipment, Other Costs, Indirect Costs, and Program specific detail/schedules.
 - e. **NOTE:** Def. Non-Match (California Department of Aging) - Local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions (i.e. overmatch).
 - f. Grant Related Income (Program Income): Revenue generated by Proposer from contract-supported activities including, but not limited to, voluntary contributions received from a client as a result of services; royalties received on patents/copyrights from contract-supported activities; and proceeds from the sale of items fabricated under a contract agreement.
7. **Agency met min. match req. (Agency met minimum match requirement):** Please do not enter information here. This area is designed to test whether the amount of Match entered meets the designated minimum match. When the appropriate amount of Match is entered, a message will display "Match Met". Otherwise, if not, the message will display "Match Not

Met” and you shall enter the correct amount of Match contributions. **When determining if the agency met the Match requirement the agencies Non-Match is not included.**

8. **Variance:** Please do not enter information here. This area is designed to ensure the accuracy of information provided for Total Program Costs (Line 6) and Total Funding (Line 14). It compares these two (2) Totals, which should equal thereby indicating that funding is sufficient to meet Program expenditures (i.e., program costs must equal total funding). If there is no variance between the Total Program Costs and Total Funding, the variance will be either “-“ or “0”; otherwise, if an amount is displayed in this area the Proposer shall revise the data entered in either the Cost or Funding areas to properly align the Totals.
9. **NOTE:** If you think all the calculations are correct but the sheet still shows a variance, please refer to the note in Item 2 above.

Page 2 – PERSONNEL DETAIL

1. **Personnel:** Please complete as follows:
 - a. **Position Titles:** Enter the title of each staff member who will work on the Program. Abbreviate the job title if the title does not fit in the cell.
 - b. **Column (A) - No. of Employees:** Enter the number of employees for this position with similar pay and percentage of time.
 - c. **Column (B) - % of Time on Program:** Enter the percentage of time the employee(s) will spend working on the Program. If the percentage of time will vary for employees with the same title then use a separate line to report this information.
 - d. **Column (C) – Monthly Salary:** Enter the total Monthly Salary for this position. Please do not enter hourly rates. Estimate the Monthly Salary if the employee is paid by an hourly wage.
 - e. **Column (D) – No. of Months:** Enter the number of months the employee will be paid under the Program. Must be limited to 12 months.
 - f. **Column (E) – Annual Salary:** Please do not complete, the total will be calculated automatically. Please note all preceding cells must have data entered before this total will work.
 - g. **Column (F) – Grant Costs:** Enter the amount of the Grant Award that will be used to fund the annual salary for this position.
 - h. **Column (G) – Match (Cash/In-Kind):** Enter the amount of the PROPOSER Match in the form of either Cash or In-Kind contributions that will be used to fund the annual salary for this position.

- i. Column (H) – Non-Match (Cash/In-kind): Enter the amount of the PROPOSER Non-Match in the form of either Cash or In-Kind contributions that will be used to fund the annual salary for this position.
- j. Column (I) – Grant Related Income: Enter the amount of Grant Related Income that will be used to fund the annual salary for this position.
- k. Column (J) – Budget: Please do not complete. This amount should equal column (E) – Annual Salary.
- l. Column (K) – Variance: Will display variances between the listed column (E) - Annual Salary and column (J) - Budget.
- m. Taxes: Highlighted in yellow (Lower left-hand corner); Enter the total percentage representing payroll taxes. Please note: Column (E) and column (J) must be equal.
- n. Benefits: Highlighted in yellow (Lower left-hand corner). Enter the total percentage representing employee benefits. Please note: Column (E) and column (J) must be equal.

Page 3 – COST DETAIL

1. **Volunteers:** Enter the job title of the volunteer or identify the work the volunteer does for Proposer. The title or task of the volunteer should be commensurate with wage being requested. Please note: The total Volunteer/Wage Equivalent Detail cost must be listed on Line 1, Personnel on the Budget Summary.
 - a. Column (A) - No. of Volunteers.
 - b. Column (B) - % of Time on Program.
 - c. Column (C) – Salary Equivalent.
 - d. Column (D) – No. of Months.
 - e. Column (E) – Annual Salary Equivalent.
 - f. Column (G) – Match/In-Kind.
 - g. Column (H) – Non-Match/In-Kind.
 - h. Column (J) – Budget.
2. **Consultants (i.e., Sub-Contractors):** In the space provided, enter the type of consultant(s) that will be utilized during the fiscal year. Complete the columns as follows:

- a. Column (A) – Unit Cost: Enter the cost per unit of the item(s). The unit cost must be as reflective of the actual cost as possible. Although costs may differ from month to month please provide the best estimated unit cost possible.
- b. Column (B) – Number of Units: Enter the number of items to be purchased per month.
- c. Column (C) – Number of Months. The number of units must be limited to 12 months.
- d. Column (D) - Total Cost: Please do not complete. Note: You must enter a numeric value in column (A), (B), and (C) in order for column (D) to calculate automatically
- e. Column (E) – Grant Costs: Enter the amount of the proposed Grant Cost that will be used for Consultants.
- f. Column (F) – Match (Cash/In-kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used for Consultant costs.
- g. Column (G) – Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used for Consultant costs.
- h. Column (I) – Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for Consultant costs.
- i. Column (J) – Budget: Please do not complete. This amount should equal column (D) – Total Cost.
- a. Column (I) – Grant Related Income: Enter the amount of proposed grant related income that will be used for Consultant Costs.
- b. Column (J) – Grand Total: Please do not complete. This amount should equal Column (D) – Total Cost.

Page 4 – SPACE DETAIL

- 3. SPACE – In the space provided, enter the location of the space wherein Program services will be provided. Complete the Columns as follows:
 - a. Column (A) – Unit Cost: Enter the **cost per square foot**. This amount must be a fair market value and supported by documentation.
 - b. Column (B) – Number of Units: Enter the **total square footage** of Space being used for Program services.
 - c. Column (C) – Enter the number of months. Must be limited to 12 months.
 - d. Column (D) - Total Cost: Please do not complete.

- e. Column (E) – Grant Costs: Enter the amount of the proposed Grant Award that will be used for Space costs.
 - f. Column (F) – Match: Enter the amount of the Proposer's Match in the form of Cash or In-Kind contributions that will be used for Space costs.
 - g. Column (G) – Non-Match: Enter the amount of the Proposer's Non-Match in the form of Cash or In-Kind contributions that will be used for Space costs.
 - h. Column (H) – Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for Space costs.
 - i. Column (I) – Budget: Please do not complete. This amount should equal column (D) – Total Cost.
4. **Equipment:** In the space provided, enter all equipment items that will be purchased for use in Program operations. Complete the columns as follows:
- a. Column (A) – Unit Cost: Enter the cost per unit. The Unit Cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
 - b. Column (B) – Number of Units: Enter the number of items to be purchased.
 - c. Column (C) – Enter the number of months. Must be limited to 12 months.
 - d. Column (D) - Total Cost: Please do not complete.
 - e. Column (E) – Grant Costs: Enter the amount of the proposed Grant Award that will be used to purchase the Equipment item(s).
 - f. Column (F) – Match (Cash/In-Kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used to purchase the Equipment item(s).
 - g. Column (G) – Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used to purchase the Equipment item(s).
 - h. Column (H) – Grant Related Income: Enter the amount of proposed Grant Related Income that will be used to purchase the Equipment item(s).
 - i. Column (I) – Budget: Please do not complete. This amount should equal column (D) – Total Cost.

PAGE 5 – OTHER COST DETAIL: For each cost category (i.e., Accounting Services, Advertising, Dues/Memberships/Subscriptions, Indirect Costs, etc), complete each column as follows:

- a. Column (A) – Unit Cost: Enter the cost per unit of the item(s). The Unit Cost must be as reflective of the actual costs as possible. Although costs may differ from month to month please provide the best estimated cost possible.
- b. **NOTE:** Mileage must be calculated by the cost per mile and the estimated number of miles. The cost per mile can't exceed the AAA approved unit rate.
- c. Column (B) – Number of Units: Enter the number of items to be purchased.
- d. Column (C) – Number of Months: Enter the number of months. Must be limited to 12 months.
- e. Column (D) - Total Cost: Please do not complete.
- f. Column (E) – Grant Costs: Enter the amount of the proposed Grant Award that will be used for this item(s).
- g. Column (F) – Match (Cash/In-Kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used for this item(s).
- h. Column (G) – Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used for this item(s).
- i. Column (H) – Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for this item(s).
- j. Column (I) – Budget: Please do not complete. This amount should equal column (D) – Total Cost.
- k. **Indirect Costs:** Please note Proposers can only charge 8% of the total Grant Costs to the program. Anything above the 8% administrative cap can be used as a Match. All Indirect Costs must be supported by the Cost Allocation Plan submitted by your agency. For more information regarding the Cost Allocation Plan please refer to the Standard Terms and Conditions in the Contract.